

STATEWIDE TRAVEL MANAGEMENT PROGRAM

Travel Compliance Designee Agreement

The _____ is pleased to authorize you to act as the travel compliance designee
(Dept/Agency Name)
for the (Department/Agency Name) Travel Card Program. The card represents the
(Department/Agency Name) trust in you as a responsible employee to monitor the use of the State
authorized travel card.

Fiscal Rules on Travel: www.sco.state.co.us/rules/new/chapter5.pdf

Central Services Travel Rules: www.state.co.us/gov_dir/gss/cen/rules/20rule.html

I, _____, hereby acknowledge my appointment as a travel
compliance designee for the Travel Card Program. As a travel compliance designee, I acknowledge
receipt of and have knowledge of the State Procurement, Fiscal and Travel Rules and any travel-
related rules issued by the (Department/Agency Name). I have read and understand these rules. I
agree to fulfill the responsibilities outlined in this Agreement and follow these rules and any
subsequent revisions.

As a travel designee, I understand that I am an internal control point for the Travel Card Program by
ensuring that cardholders comply with state Procurement, Fiscal and Travel Rules, and the provisions
of the (Department/Agency's) Travel Card Program. I will review the spending activity by each of my
cardholders and take appropriate action should violations occur, and provide guidance to those who
process travel reimbursement and review cardholder transaction statements.

I understand that (Department/Agency Name) is liable to the travel card-issuing bank for all charges
made by cardholders for authorized, official state government travel that is not reimbursed to the
cardholder. I also understand that lost or stolen cards must be reported promptly by telephone and in
writing. If not promptly reported as lost or stolen, the charges made on a lost or stolen event card
before it is reported lost or stolen are the liability of the (Department/Agency Name) and charges
made on a lost or stolen individual card before it is reported lost or stolen are the liability of the
individual cardholder. I also will promptly notify the (Department/Agency Name) controller of any
card misuse or abuse.

I understand that the card is the property of the assigned cardholders, and that, in the event of willful
or negligent default of the cardholder's obligations, the department shall take any recovery action
deemed appropriate that is permitted by law. Furthermore, I agree to notify the (Department/Agency
Name) controller immediately in the event that any cardholder under my approving authority is
transferred from or is no longer employed by the (Department/Agency Name) to cancel the card of the
departing cardholder.

Travel Compliance Designee:

Signature: _____	Title: _____
Print Name: _____	Date: _____
Department: _____	Phone: _____
Address: _____	E-mail: _____
_____	Fax: _____

Approving Authority:

Signature: _____	Date: _____
Print Name: _____	Phone: _____
Print Title: _____	